

2062

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index - - No. 94	
1. County <u>Gila</u>	District <u>Globe</u>	County Registrar's No. 152	
Town <u>On RR train at Rice</u>		Local Registrar's - No.	
or City <u>Arizona way to hospital</u>		No. _____ St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME <u>John Williams Allen</u>			
(a) Residence No. _____		St. _____ Ward <u>Pima Arizona</u>	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Married</u>	
5a. If married, widowed or divorced HUSBAND of <u>Louisa Allen</u>			
(WIFE) <u>Louisa Allen</u>			
6. DATE OF BIRTH (month, day and year)			
7. AGE	Years <u>48</u>	Months <u>-</u>	Days <u>-</u>
	IF LESS than 1 day.....hrs. or.....min.		
8. OCCUPATION OF DECEASED <u>Farmer</u>			
(a) Trade, profession, or particular kind of work			
(b) General nature of industry, business, or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) <u>Utah</u>			
(State or country)			
10. NAME OF FATHER <u>John M. Allen</u>			
11. BIRTHPLACE OF FATHER (city or town) <u>Iowa</u>			
(State or country)			
12. MAIDEN NAME OF MOTHER <u>Hannah Bath</u>			
13. BIRTHPLACE OF MOTHER (city or town) <u>England</u>			
(State or country)			
14. Informant (Address)			
15. Filed <u>4/16</u> , 1923 <u>B. G. Gay</u>			
V. S. No. 1 Registrar			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>4/15</u> 19 <u>23</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>4/13</u> , 19 <u>23</u> to <u>4/15</u> , 19 <u>23</u> that I last saw him alive on <u>4/15</u> , 19 <u>23</u> and that death occurred, on the date stated above, at <u>7:45</u> p.m. The CAUSE OF DEATH* was as follows: <u>Intoxication</u>			
(duration).....yrs.....mos.....ds.			
CONTRIBUTORY (Secondary) (duration).....yrs.....mos.....ds.			
18. Where was disease contracted? <u>Not at place of death</u>			
Did an operation precede death?..... Date of.....			
Was there an autopsy?.....			
What test confirmed diagnosis?.....			
(Signed) <u>Reidy</u> , M. D.			
19 (Address)			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima, Ariz</u>		DATE OF BURIAL <u>4/17</u> 19 <u>23</u>	
20. UNDERTAKER <u>D. L. Jensen & Son</u>		ADDRESS <u>Globe, Ariz</u>	